

# **QUARTERLY STATEMENT**

AS OF SEPTEMBER 30, 2017 OF THE CONDITION AND AFFAIRS OF THE

Michigan Complete Health, Inc.

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan  Country of Domicile  Life, Accident & Health [	NAIC Group Code _	01295 (Current Period)	<del></del>	01295 (Prior Period)	NAIC Company (	Code10	0769	Employer's	ID Number	30-0312489
Life, Accident & Health [ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity [ ] Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ] Other [ ] 2009/2004 Commenced Business Statutory Home Office 800 Tower Rd., Suite 200 Troy, M. 15, 4008 Statutory Home Office 800 Tower Rd., Suite 200 Statutory Home Office 800 Tower Rd. Suite 200 Statutory Home Office 800 Tower Rd. Suite 200 Statutory Home Office 800 Tower Rd. Suite 200 Statutory Home Office 7700 Forsyth Boulevard Saint Louis, M.O. US 63105 Statutory Saint Louis, M.O. US 63105 Statutory Home Office 800 Tower Rd. Suite Suite Saint Louis, M.O. US 63105 Statutory Saint Louis, M.O. US 63105 Statutory Statutory Statement Contact Tanya Marie Ferguson 8014-725-4477 Statutory Statement Contact Tanya Marie Ferguson 814-725-4457 Statutory Statement Contact Tanya Marie Ferguson 914-725-4658 Statutory Statement Contact Statement Statemen	Organized under the	. ` .	,			_, State of Do	micile	or Port of Entry	Mic	higan
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Melintenane Organization [ X ] is HMO Federally Qualified? Yes [ ] No [ ] Other [ ] Commenced Business Statutory Home Office 800 Tower Rd. Suttle 200 Statutory Home Office 7700 Forsyth Boulevard Saint Louis, MO, US 63105 Troys, MI (1) 54 4098 (1) 54	Country of Domicile					United State	es			
Statutory Home Office   800 Tower Rd, Suite 200   Froy, MI, US 48098   Gister and Number   Giby for Town, State, Country and 2p Code  Adain Administrative Office   7700 Forsyth Boulevard   Saint Louis, MO, US 63105   314-725-4477   Adail Address   7700 Forsyth Boulevard   Ciby or Town, State, Country and 2p Code  Addied School   Ciby or Town, State, Country and 2p Code  Adail Address   7700 Forsyth Boulevard   Saint Louis, MO, US 63105   Ciby or Town, State, Country and 2p Code  Adail Address   School   Ciby or Town, State, Country and 2p Code  Adail Address   7700 Forsyth Boulevard   Saint Louis, MO, US 63105   314-725-4477   Adail Address   Tropy   Saint Louis, MO, US 63105   314-725-4477   Adail Address   Tropy   Saint Louis, MO, US 63105   314-725-4477   Adail Address   Internet Web Site Address   Internet Web Site Address   Internet Web Site Address   Internet Vision   Saint Louis, MO, US 63105   314-725-4477   Adail Address   Tropy   Trop	icensed as business	Denta Other	l Service C	corporation [ ]	ion [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ) Is HMO Federally Qualified? Yes [				[X]	
Silvest and Number   Silvest and Number   Saint Louis, MO, U.S 63105   3314-725-4477	· · ·					ed Business				
Main Administrative Office 7700 Forsyth Boulevard Saint Louis, MO, US 63105 (Auto-626) (Reprose Number) (City of Town. State, Country and 2p Code) (Auto-626) (Reprose Number) (Reprose Number) (Auto-626) (Reprose Number) (Reprose Numb	statutory Home Office		8							Code)
Mail Address   7700 Forsyth Boulevard   Saint Louis, Mr. Us 63105   Saint Louis   Sa	Main Administrative Of	ffice		orsyth Boulevard		0-1-11 MO 110 0040F				14-725-4477
Primary Location of Books and Records 7700 Forsyth Boulevard (Street and Number) (Record Forw, State, Country and 25 Case) (Record Records) (Record Record Record Records) (Record Record Record	//ail Address		7700 Forsy	th Boulevard	,	City of Town	n, State	Saint Louis, N	иO, US 63105	, , ,
City or Town, Site, Country and 2/p Code)   (Area Code) (Telephone Number)	Daine	,	•	,	h Davilaria	0-				
Internet Web Site Address  Statutory Statement Contact  Tanya Marie Ferguson  (Rame)	rimary Location of Bo	ooks and Reco	ras							
Statutory Statement Contact  Tanya Marie Ferguson (Name)  (Name)  (Area Code) (Felephore Number) (Extension)  314-425-4638  Name  Title  Amy Williams President Amy Williams President Amy Williams President Amy Williams President Keith Harvey Williamson Secretary  OTHER OFFICERS  Tricia Lynn Dinkelman  Title  DIRECTORS OR TRUSTEES  Amy Williams Christopher Isaak # Daryl Pack  DIRECTORS OR TRUSTEES  Amy Williams Amy Williams Amy Williams Christopher Isaak # Daryl Pack  State of Missouri  S  County of St. Louis  S  County of St. Lo	nternet Web Site Add	ress		(50.550 411		, ,			(, , , , , , , , , , , , , , , , , , ,	-, (
taferguson@centene.com  (E-Mail Address)  OFFICERS  Name Title Amy Williams President Treasurer  OTHER OFFICERS  Tricia Lynn Dinkelman  DIRECTORS OR TRUSTEES  Amy Williams Amy Williams Tricia Lynn Dinkelman  DIRECTORS OR TRUSTEES  Amy Williams Amy Wil			т	anya Marie Fer	<u> </u>				445-0447	
CE-Mail Address  OFFICERS   Name				(Name)	J:	<del></del> -		(Area Code) (Telep	hone Number) (Extens	sion)
Name Amy Williams President of Tax    OTHER OFFICERS  Tricia Lynn Dinkelman  DIRECTORS OR TRUSTEES Amy Williams Christopher Isaak # Daryl Pack  Daryl Pack  State of Missouri State of Missouri State of Missouri State of St. Louis State of St. Louis The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state bloove, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilitie and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have encompleted in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law me liffer; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information moving and belief, respectively. Furthermore, the scope of this statestanto by the described officers also includes the related corresponding electronic filing with the NAIC when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various quildors in lieu of or in addition to the enclosed statement.  Amy Williams President  Amy Williams Reith Harvey Williamson Secretary  Amy Williams Aceith Harvey Williamson Secretary  Liste t				m						
Name Title Name Williams President Keith Harvey Williamson Secretary  OTHER OFFICERS  Tricia Lynn Dinkelman Vice President of Tax  DIRECTORS OR TRUSTEES  Amy Williams Christopher Isaak # Daryl Pack  DIRECTORS OR TRUSTEES  Amy Williams Christopher Isaak # Daryl Pack  State of Missouri Ss  County of St. Louis Ss  County of St. Louis Ss  County of St. Louis Ss  County of The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and this is statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilitie of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its note made deductions therefrom for the period ended, and haven completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) state law me when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various egulators in lieu of or in addition to the enclosed statement.  Amy Williams President Secretary Treasurer  a. Is this an original filing?  Yes [X] No []  Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed		(E-Mail A	(daress)		OFFICE	-DC		(FAX Numbe	er)	
Amy Williams President Keith Harvey Williamson Secretary  OTHER OFFICERS  Tricia Lynn Dinkelman Vice President of Tax  DIRECTORS OR TRUSTEES  Amy Williams Dinkelman D	Nama			Titlo	OFFICE		Nama	_	т	[itle
Tricia Lynn Dinkelman  DIRECTORS OR TRUSTEES  Amy Williams  DIRECTORS OR TRUSTEES  Christopher Isaak # Daryl Pack  State of		ma								
OTHER OFFICERS  Tricia Lynn Dinkelman  DIRECTORS OR TRUSTEES  Amy Williams  Christopher Isaak # Daryl Pack  State of Missouri Ss  County of St. Louis  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilitie and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have en completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law me liffer, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information anowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by vanouegulators in lieu of or in addition to the enclosed statement.  Amy Williams  Are Williams  Reith Harvey Williamson  Christopher Isaak  Treasurer  a. Is this an original filing?  Yes [X] No []  Subscribed and swom to before me this  day of  1. State the amendment number  2. Date filed						Keilli Har	vey v	viiiidiiibUII,		лскагу
DIRECTORS OR TRUSTEES  Amy Williams  Christopher Isaak # Daryl Pack  State of	Onnotopher to	idan II	.,							
DIRECTORS OR TRUSTEES  Amy Williams  Christopher Isaak # Daryl Pack  State of	Tricia Lynn Din	kolman	,			FICERS				
State ofSt. LouisSt. LouisSt. Louis	Tricia Lyriii Diiii	Keiman	.,	rice i resident o						
County of	Amy Willia	ms				_				
President Secretary Treasurer  a. Is this an original filing?  Yes [X] No []  Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed	County of	ting entity being escribed assets with related exhil affairs of the sai dance with the I rules or regulatic spectively. Furth n exact copy (ex	duly sworn, were the absolute schedulid reporting of NAIC Annua ons require ermore, the coept for form	each depose and solute property of the and explanation entity as of the repul Statement Instruction of the statement in the s	the said reporting er ons therein containe porting period stated actions and Account porting not related to station by the desci	ntity, free and cle ed, annexed or r d above, and of ting Practices as to accounting pr tribed officers als	ear from referred its income and Pro- ractice so incl	m any liens or claims d to, is a full and true come and deductions ocedures manual exc es and procedures, a ludes the related corr	thereon, except as e statement of all the therefrom for the pept to the extent the coording to the be responding electron	herein stated, and that ne assets and liabilities period ended, and have hat: (1) state law may set of their information nic filing with the NAIC
Subscribed and sworn to before me this day of , 1. State the amendment number 2. Date filed					•				•	
Subscribed and sworn to before me this b. If no:  day of		-				•	_	le this an original		
day of 1. State the amendment number 2. Date filed	Order and the fi		41-1					ū	ıııııy:	
2. Date filed		-1 <b>-</b>					b		dment number	
		_uay oi	,						ument number	
3 NORDEL DE DADES ADACTIEU									es attached	

# **ASSETS**

			Current Statement Date	9	4
		1	2	3	
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets		Admitted Assets
l	Bonds	1,099,317		1,099,317	1,098,503
2.	Stocks:				
	2.1 Preferred stocks		i	i	0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				0
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$encumbrances)			0	0
ı	Cash (\$9,960,369 ),				
	cash equivalents (\$0 )				
ı	and short-term investments (\$0 )	1		I	
	Contract loans (including \$ premium notes)			0	0
	Derivatives			0	0
	Other invested assets			0	0
I	Receivables for securities				0
	Securities lending reinvested collateral assets				0
	Aggregate write-ins for invested assets				0
l	Subtotals, cash and invested assets (Lines 1 to 11)	11,059,686	J0	11,059,686	3,014,668
13.	Title plants less \$				
	only)			0	
	Investment income due and accrued	4 , 155		4 , 155	1,428
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of	4 400 055		4 400 055	440 404
	collection	1,409,655		1,409,655	116,131
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums).			0	0
	15.3 Accrued retrospective premiums (\$521,738 ) and	504 700		504 700	0.005.005
	contracts subject to redetermination (\$)	521,738		521,738	2,935,665
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers		i		0
	16.2 Funds held by or deposited with reinsured companies				
4-	16.3 Other amounts receivable under reinsurance contracts		ı		0
i	Amounts receivable relating to uninsured plans		i		
l	Current federal and foreign income tax recoverable and interest thereon		ı	J	0
i	Net deferred tax asset	i	i	J	
i	Guaranty funds receivable or on deposit	i	i	J	
i	Electronic data processing equipment and software			ļ0	0
21.	Furniture and equipment, including health care delivery assets				_
22	(\$	1			U
1		1		1	1 025
	Receivables from parent, subsidiaries and affiliates			3,569,485	1,835
	Aggregate write-ins for other-than-invested assets	1	l .		4,007,009 ^
			l	00,490	
20.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	17,052,093	426,884	16,625,209	10,627,096
27		17,002,000	420,004	10,020,209	10,021,030
21.	From Separate Accounts, Segregated Accounts and Protected			_	۸
20	Cell Accounts	17,052,093	426,884	16,625,209	10,627,096
∠0.		17,002,093	420,004	10,020,209	10,027,090
4404	DETAILS OF WRITE-INS				٥
1101.			i		
i			<b>†</b>	0	
1103.	Cummary of remaining write ine for Line 11 from everflow page		0	J	U
	Summary of remaining write-ins for Line 11 from overflow page	0	J	0	
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) State Income Tax Receivable	-	0	22 422	0
i	STATE THOUSE TAX NEGETVADIE	00,490		·	
2502.				0	0
2503.	Cummon of remaining write ins for Line 25 from everflow page		^	0	J
l	Summary of remaining write-ins for Line 25 from overflow page		0	GO 400	
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	60,490	0	60,490	0

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, SAI		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)	1,214,308		1,214,308	670,518
2.	Accrued medical incentive pool and bonus amounts				0
3.	Unpaid claims adjustment expenses				0
i	Aggregate health policy reserves including the liability of				
4.					
	\$0 for medical loss ratio rebate per the Public Health	400.000		400.000	4 705 000
	Service Act			· ·	
5.	Aggregate life policy reserves				0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance	3,182,265			0
9.	General expenses due or accrued				138.101
i	Current federal and foreign income tax payable and interest thereon (including	,,,,,,		,,,,,	
	\$ on realized gains (losses))	303 273		323 273	2/6 2/1
100					0
	Net deferred tax liability				
1	Ceded reinsurance premiums payable				242
12.	Amounts withheld or retained for the account of others			0	0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$current)			0	0
15	Amounts due to parent, subsidiaries and affiliates				0
16.	Derivatives			040,349	0
i					
17.	Payable for securities				0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized reinsurers				
	and \$ certified reinsurers)		******	0	0
20.	Reinsurance in unauthorized and certified (\$)				
	companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
i	Liability for amounts held under uninsured plans				
22.		2,334,430		2, 334, 430	1,214,113
23.	Aggregate write-ins for other liabilities (including \$				
	current)		0	0	
24.	Total liabilities (Lines 1 to 23)			9, 182, 766	4,085,919
25.	Aggregate write-ins for special surplus funds	XXX	XXX	860,681	0
26.	Common capital stock	XXX	XXX	1	1
27.	·	XXX	XXX		0
1	Gross paid in and contributed surplus			7 824 999	7 824 999
29.	Surplus notes				
30.	Aggregate write-ins for other-than-special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	(1,243,240)	(1,283,824)
ı	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26				
	\$	XXX	XXX		0
	32.2shares preferred (value included in Line 27				
	\$	XXX	xxx		0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				
		XXX	XXX	16,625,207	10,627,095
34.	Total liabilities, capital and surplus (Lines 24 and 33)	^^^	^^^	10,020,201	10,021,095
	DETAILS OF WRITE-INS				
2301.	State Income Tax Payable			0	31,616
2302.					
İ					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	31,616
			ű		·
2501.	Health Insurer Fee Estimate	XXX	XXX	860,681	0
2502.		XXX	XXX		
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	860,681	0
3001.	, , , , , , , , , , , , , , , , , , , ,		XXX		0
3002.		XXX	XXX		0
3003.		XXX	xxx		0
			i	0	
3098.	Summary of remaining write-ins for Line 30 from overflow page				
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

# **STATEMENT OF REVENUE AND EXPENSES**

	STATEMENT OF REVENU			7(1 <b>L</b> 1(0)		
		Current	Yea	r To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	T	2 Total	3 Total	4 Total
1.	Member Months				0	
I	Net premium income (including \$ non-health premium income)	1	ı		i i	
3.	Change in unearned premium reserves and reserve for rate credits	i			I .	
4.	Fee-for-service (net of \$medical expenses)	1			0	
5.	Risk revenue	xxx			0	0
6.	Aggregate write-ins for other health care related revenues					
7.	Aggregate write-ins for other non-health revenues					
8.	Total revenues (Lines 2 to 7)	xxx		40,031,679	0	46,875,769
Hospit	al and Medical:					
1	Hospital/medical benefits	i	ı		i i	
10.	Other professional services	i			I .	
11.						
12.	Emergency room and out-of-area	1	- 1		1 1	
13.	Prescription drugs	1			I	
14.	Aggregate write-ins for other hospital and medical.	i	ı		i i	
15.	Incentive pool, withhold adjustments and bonus amounts					
16.	Subtotal (Lines 9 to 15)		0	35,594,625	0	41,783,022
Less:						
	Net reinsurance recoveries	1			I	
18.	Total hospital and medical (Lines 16 minus 17)	i			I .	
19. 20.	Non-health claims (net)				0	
İ	expenses	1	İ			
21.	·	i		4,199,511	0	6,299,694
22.	Increase in reserves for life and accident and health contracts (including		İ			
	\$increase in reserves for life only)			(1,324,421)	0	(448, 275)
23.	Total underwriting deductions (Lines 18 through 22)					
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx		1 , 161 , 415	0	(1,248,051)
25.	Net investment income earned			9,041	0	12,091
26.	Net realized capital gains (losses) less capital gains tax of \$				0	0
27.	Net investment gains (losses) (Lines 25 plus 26)		0	9,041	0	12,091
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered					
	\$) (amount charged off \$				0	0
29.	Aggregate write-ins for other income or expenses		0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx		1 , 170 , 456	0	(1,235,960)
31	Federal and foreign income taxes incurred	XXX	i	(133,381)	1	(1,235,366)
	Net income (loss) (Lines 30 minus 31)	XXX		1,303,837	0	(600,794)
	DETAILS OF WRITE-INS	7001	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(555,151)
0601.	52.7.120 O. WILL 110	xxx			0	0
0602.		XXX	ı		0	0
0603.		xxx			0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page	xxx		0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		0	0	0
0701.		xxx			0	0
0702.		xxx			0	0
0703.		xxx			0	0
0798.	Summary of remaining write-ins for Line 7 from overflow page	xxx		0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	4	0	0	0
1401.					0	0
1402.					0	0
1403.		ļ			0	0
1498.	Summary of remaining write-ins for Line 14 from overflow page		ı	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		0	0	0	0
2901.					0	0
2902.					<b> </b> 0	0
2903.			-		<del> </del> 0	0
2998.		<del> </del>	- 1	0	<sup>0</sup>	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	I	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND EX	LEMOEO (	(Continue	u)
		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	6,541,177	5,013,048	5,013,048
34.	Net income or (loss) from Line 32	1,303,837	(480,075)	(600,794)
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets	(402,572)	128,468	57,648
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		2,000,000	2,000,000
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	71,275
48.	Net change in capital and surplus (Lines 34 to 47)	901,265	1,648,393	1,528,129
49.	Capital and surplus end of reporting period (Line 33 plus 48)	7,442,442	6,661,441	6,541,177
	DETAILS OF WRITE-INS			
4701.			0	0
4702.	2014 Annual Filing Correction		0	71,275
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	71,275

## **CASH FLOW**

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	Cash from Operations	10 Date	10 Date	December 31
1	Premiums collected net of reinsurance	41 152 082	0	45,099,04
	Net investment income		0	12,76
	Miscellaneous income	0	0	
	Total (Lines 1 to 3)	41,157,581	0	45.111.81
	Benefit and loss related payments		0	43,470,84
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	
	Commissions, expenses paid and aggregate write-ins for deductions		0	5 , 787 , 32
	Dividends paid to policyholders		0	
	Federal and foreign income taxes paid (recovered) net of \$			
	gains (losses)	(210,413)	0	(1,399,07
	Total (Lines 5 through 9)	33,113,379	0	47,859,09
		8.044.202	0	(2,747,28
11.	Net cash from operations (Line 4 minus Line 10)	0,044,202	U	(2,141,2
40	Cash from Investments			
	Proceeds from investments sold, matured or repaid:		0	
	12.1 Bonds	<sup>U</sup>		
	12.2 Stocks	u		
	12.3 Mortgage loans		0	
	12.4 Real estate		0	
	12.5 Other invested assets	0		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	J	0	
	12.7 Miscellaneous proceeds	0	0	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	U	0	
	Cost of investments acquired (long-term only):		0	
	13.1 Bonds	0	0	
	13.2 Stocks		0	
	13.3 Mortgage loans	ļ0 ļ	0	
	13.4 Real estate		0	
	13.5 Other invested assets	U	0	
	13.6 Miscellaneous applications	0	0	
	13.7 Total investments acquired (Lines 13.1 to 13.6)		0	
14.	Net increase (or decrease) in contract loans and premium notes	0	0	
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	
	16.2 Capital and paid in surplus, less treasury stock		0	2,000,0
	16.3 Borrowed funds	0	0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
	16.5 Dividends to stockholders	0	0	
	16.6 Other cash provided (applied)	(1)	0	
	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(1)	0	1,999,9
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	8,044,201	0	(747 , 2
	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	1,916,164	0	2,663,4
	19.2 End of period (Line 18 plus Line 19.1)	9,960,365	0	1,916,1

#### \_

#### STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Michigan Complete Health, Inc.

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprel (Hospital &	nensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,027	0	0	0	0	0	0	1,541	486	0
2. First Quarter	2,094	0	0	0	0	0	0	1,445	649	0
3. Second Quarter	2,275	0	0	0	0	0	0	1,479	796	0
4. Third Quarter	2,394							1,600	794	
5. Current Year	0									
6. Current Year Member Months	19,990							13,363	6,627	
Total Member Ambulatory Encounters for Period:										
7. Physician	41,149							27 , 244	13,905	
8. Non-Physician	90,890							5,454	85,436	
9. Total	132,039	0	0	0	0	0	0	32,698	99,341	0
10. Hospital Patient Days Incurred	1,981							997	984	
11. Number of Inpatient Admissions	514							259	255	
12. Health Premiums Written (a)	40 ,031 ,678							26 , 703 , 587	13,328,091	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	40 ,031 ,678							26 , 703 , 587	13,328,091	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	35,050,836							22,343,307	12,707,529	
18. Amount Incurred for Provision of Health Care Services	35,594,625							22,749,119	12,845,506	

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

# **CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid	d Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported) Held EFT External Capitation Express Scripts						
Held EFT.	648,017					648,017
External Capitation	90,500			<u> </u>		90,500
Express Scripts	284,642			<u> </u>		284,642
					ļ	
					ļ	
				<b> </b>		
				<b></b>		
					·····	
ACCORD Late 14 and Francisco and 1	1,023,159	·····			t	1 000 150
0199999 Individually listed claims unpaid	1,023,139	ļ <sup>U</sup>	J	J	u	1,023,159
0299999 Aggregate accounts not individually listed-uncovered	191,149		-		t	191 , 149
0399999 Aggregate accounts not individually listed-covered	4 044 000	0			0	4 044 200
0499999 Subtotals	1,214,308		0	0	0	1,214,308
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	1,214,308
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

## **UNDERWRITING AND INVESTMENT EXHIBIT**

#### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

ANALTSIS OF CLAIMS UNPAID	Clai	ms	Liab			
	Paid Yea		End of Curr		5	6
	1 On Claims Incurred Prior	2 On	3 On Claims Unpaid	4 On	Claims Incurred	Estimated Claim Reserve and Claim Liability
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	in Prior Years	Dec. 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	680,223	24,290,423	26,021	1,018,632	706,244	638,843
7. Title XIX - Medicaid	23,369	13,625,068	12,906	156,748	36,275	31,675
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	703,592	37,915,491	38,927	1,175,380	742,519	670,518
10. Health care receivables (a)		3,569,485			0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts		1,238			0	0
13. Totals (Lines 9-10+11+12)	703,592	34,347,244	38,927	1,175,380	742,519	670,518

<sup>(</sup>a) Excludes \$ ...... loans or advances to providers not yet expensed.

#### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of Michigan Complete Health, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance.

The State of Michigan requires that insurance companies domiciled in the state of Michigan prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of Michigan Insurance Commissioner.

NET INCOME	SSAP#	F/S Page	F/SLine#	State of Domicile	2017	2016
(1) Michigan Complete Health, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Michigan	\$ 1,303,837	\$ (600,794)
<ol> <li>State Prescribed Practices that is an increase (decrease) from NAIC SAP:</li> <li>e.g., Depreciation of fixed assets</li> </ol>				Michigan	\$ -	\$ -
State Permitted Practices that is an increase (decrease) from NAIC SAP:     e.g., Depreciation of fixed assets, home office property				Michigan	\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	Michigan	\$ 1,303,837	\$ (600,794)
SURPLUS						
(5) Michigan Complete Health, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Michigan	\$ 7,442,442	\$ 6,541,176
(6) StatePrescribed Practices that is an increase (decrease) from NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				Michigan	\$ -	\$ -
(7) State Permitted Practices that is an increase (decrease) from NAIC SAP: e.g., Home Office Property				Michigan	\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	Michigan	\$ 7,442,442	\$ 6,541,176

- B. Use of Estimates in the Preparation of the Financial Statements No Change
- C. Accounting Policy
  - 1.-5. No Change
  - 6. The Company holds no loan-backed securities.
  - 7.-13. No Change
- D. Going Concern The Company's management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern

#### 2. Accounting Changes and Corrections of Errors

No Change

#### 3. Business Combinations and Goodwill

- A. Statutory Purchase Method No Change
- B. Statutory Merger No Change
- C. Assumption Reinsurance No Change
- D. Impairment Loss No Change

#### 4. Discontinued Operations

No Change

#### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans No Change
- B. Debt Restructuring No Change
- C. Reverse Mortgages No Change
- D. Loan-Backed Securities None
- E. Repurchase Agreements and/or Securities Lending Transactions None

- F. Real Estate No Change
- G. Investment In Low-Income Housing Tax Credits (LIHTC) None
- H. Restricted Asset
  - 1. Restricted Assets (Including Pledged)

	1	2	3	4	5	6
						Percentage
						Admitted
		Total Gross			Percentag e	Restricted
	Total Gross	Restricted	Increase/	Total Current	Gross	to Total
	Restricted from	From Prior	(Decrease)	Year Admitted	Restricted to	Admitted
Restricted Asset Category	Current Year	Year	(1 minus 2)	Restricted	Total Assets	Assets
a. Subject to contractual						
obligation for which liability						
is not shown						
<ul> <li>b. Collateral held under</li> </ul>						
security lending agreements						
c. Subject to repurchase						
agreements						
d. Subject to reverse						
repurchase agreements						
e. Subject to dollar						
repurchase agreements						
f. Subject to dollar reverse						
repurchase agreements						
g. Placed under option						
contracts						
h. Letter stock or securities						
restricted as to sale						
i FHLB capital stock						
j. On deposit with states	\$ 1,099,317	\$ 1,098,503	\$ 814	\$ 1,099,317	6.4%	6.6%
k. On deposit with other						
regulatory bodies						
1 Pledged collateral to						
FHLB (including assets						
backing funding						
m. Pledged as collateral not						
captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	\$ 1,099,317	\$ 1,098,503	\$ 814	\$ 1,099,317	6.4%	6.6%

- 2. Detail of Assets Pledged as Collateral Not Captured in Other Categories None
- 3. Detail of Other Restricted Assets None
- I. Working Capital Finance Investments None
- J. Offsetting and Netting of Assets and Liabilities None
- K. Structured Notes None
- L. 5\* Securities None

#### 6. Joint Ventures, Partnerships and Limited Liability Companies

No Change

#### 7. Investment Income

No Change

#### 8. Derivative Instruments

No Change

#### 9. Income Tax

No Change

#### 10. Information Concerning Parent, Subsidiaries and Affiliates

Included in the Company's balance sheet as of September 30, 2017 are payables to parent, subsidiaries and affiliates of \$540,349 generated in the normal course of business with Centene Management Company.

#### 11. Debt

- A. Capital Notes None
- B. FHLB (Federal Home Loan Bank) Agreements None

# 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plans None
- B. Investment Policies and Strategies for Plan Assets None
- C. Fair Value of Each Class of Plan Assets None
- D. Basis Used to Determine the Overall Expected Long-term Rate-of-Return-on-Assets Assumption None
- E. Defined Contribution Plan None
- F. Multiemployer Plan None
- G. Consolidated/Holding Company Plans None
- H. Postemployment Benefits and Compensated Absences None
- I. Impact of Medicare Modernization Act on Postretirement Benefits None

#### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No Change

#### 14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments None
- B. Assessments None
- C. Gain Contingencies None
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits None
- E. Joint and Several Liabilities None
- F. All Other Contingencies None

#### 15. Leases

No Change

# 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No Change

#### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables Reported as Sales None
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

#### 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No Change

#### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No Change

#### 20. Fair Value Measurement

A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs. Level inputs are as follows:

Level input	Input definition					
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.					
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.					
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.					

The following table summarizes fair value measurements by level at September 30, 2017 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Le	vel 1)	(Le	vel 2)	(Le	vel 3)	Total	
a. Assets at fair value  Cash and Short-Term Investments								
	• 0	200						060 260
Cash	3 9,	960,369	\$	-	\$	-	3 9,	960,369
Short-Term Investments	2	-	_	-		-		-
Total Cash and Short-Term Investments	\$ 9,	960,369	S	-	S	-	\$ 9,	960,369
Perpetual Preferred stock								
Industrial and Misc	S	-	S	-	S	-	S	-
Parent, Subsidiaries and Affiliates				-		-		
Total Perpetual Preferred Stocks	\$	-	\$	-	\$	-	\$	-
Bonds								
U.S. Governments	\$	-	\$	-	\$	-	\$	-
Industrial and Misc		-		-		-		-
Hybrid Securities		-		-		-		-
Parent, Subsidiaries and Affiliates				-		-		
Total Bonds	S	-	S	-	\$	-	S	-
Common Stock								
Industrial and Misc	\$	-	S	-	S	-	S	-
Parent, Subsidiaries and Affiliates				-		-		
Total Common Stocks	S	-	S	-	S	-	S	-
Derivative assets								
Interest rate contracts	\$	-	\$	-	\$	-	S	-
Foreign exchange contracts		-		-		-		-
Credit contracts		-		-		-		-
Commodity futures contracts		-		-		-		-
Commodity forward contracts		-		-		-		-
Total Derivatives	S	-	S	-	s	-	S	
Separate account assets	S		S	-	s	-	s	
Total assets at fair value	\$ 9,	960,369	\$	-	\$	-	\$ 9,	960,369
to Table 200 and Administra								
b. Liabilities at fair value								
Derivative liabilities	-2		\$	-	>		2	
Total liabilities at fair value	\$	-	\$	-	\$	-	\$	-

The following table summarizes fair value measurements by level at December 31, 2016 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Le	vel 1)	(Le	ve12)	(Le	ve13)	T	ota1
a. Assets at fair value								
Cash and Short-Term Investments								
Cash	\$ 1.9	916,165	S	_	S	_	\$ 1.5	916,165
Short-Term Investments	S	-		-		-		-
Total Cash and Short-Term Investments	\$ 1.9	916,165	S	-	S	-	\$ 1.5	916,165
Perpetual Preferred stock								
Industrial and Misc	S	-	S	-	S	-	S	-
Parent, Subsidiaries and Affiliates		-		-		-		-
Total Perpetual Preferred Stocks	S	-	S	-	S	-	\$	-
Bonds								
U.S. Governments	S	-	S	-	S	-	S	-
Industrial and Misc		-		-		-		-
Hybrid Securities		-		-		-		-
Parent, Subsidiaries and Affiliates				-		-		
Total Bonds	S	-	S	-	S	-	S	-
Common Stock								
Industrial and Misc	\$	-	S	-	S	-	S	-
Parent, Subsidiaries and Affiliates				-		-		
Total Common Stocks	\$	-	S	-	S	-	S	-
Derivative assets								
Interest rate contracts	S	-	S	-	S	-	S	-
Foreign exchange contracts		-		-		-		-
Credit contracts		-		-		-		-
Commodity futures contracts		-		-		-		-
Commodity forward contracts		-		-		-		-
Total Derivatives	S	-	S	-	S	-	S	-
Separate account assets	S	-	S	-	S	-	S	-
Total assets at fair value	\$ 1,	916,165	\$	-	\$	-	\$ 1	,916,165
b. Liabilities at fair value								
Derivative liabilities	S	_	S	_	S	_	S	_
Total liabilities at fair value	S	-	S	-	S	-	s	-

#### B. None

The following table summarizes the aggregate fair value measurements by level at September 30, 2017 for all financial instruments.

Type of Financial Instrument		Aggregate Pair Value		Admitted Assets		Level I	Le	vel II	Lev	ve1 III	Pract (Car	lot ticable mying ilue)
Total Cash and												
Short-Term Investments	\$	9,960,369	\$	9,960,369	\$	9,960,369	\$	-	\$	-	\$	-
Bonds		1,098,449		1,099,317		1,098,449		-		-		-
Common Stock				-				-		-		-
Perpetual Preferred Stock		-		-		-		-		-		-
Mortgage Loans	_	-	_	-	_			-	_	-		-
Tota1	\$	11,058,818	\$	11,059,686	\$	11,058,818	\$		\$		\$	

The following table summarizes the aggregate fair value measurements by level at December 31, 2016 for all financial instruments.

Type of Financial Instrument		iggregate Yair Value		Admitted Assets	_	Level I	L	evel II	Lev	rel III	Prac (Car	vot ticable rying ilue)
Total Cash and												
Short-Term Investments	S	1,916,165	S	1,916,165	S	1,916,165	S	-	S	-	S	-
Bonds		1,099,615		1,098,503		1,099,615		-		-		-
Common Stock		-		-		-		-		-		-
Perpetual Preferred Stock		-		-		-		-		-		-
Mortgage Loans	_		_		_					-		-
Total	\$	3,015,780	S	3,014,668	s	3,015,780	\$		\$		\$	

#### C. None

#### 21. Other Items

- A. Extraordinary Items No Change
- B. Troubled Debt Restructuring: Debtors No Change
- C. Other Disclosures and Unusual Items No Change
- D. Business Interruption Insurance Recoveries No Change
- E. State Transferable and Non-Transferable Tax Credits No Change
- F. Subprime Mortgage Related Risk Exposure No Change
- G. Retained Assets No Change
- H. Insurance-Linked Securities (ILS) Contracts No Change

#### 22. Events Subsequent

#### Type I – Recognized Subsequent Events

Subsequent events have been considered through November 14, 2017 for the statutory statement issued as of September 30, 2017 on November 15, 2017.

#### <u>Type II – Nonrecognized Subsequent Event</u>

Subsequent events have been considered through November 14, 2017 for the statutory statement issued as of September 30, 2017 on November 15, 2017.

None

#### 23. Reinsurance

- A. Ceded Reinsurance Report No Change
- B. Uncollectible Reinsurance No Change
- C. Commutation of Ceded Reinsurance No Change
- D. Certified Reinsurance Rating Downgraded or Status Subject to Revocation No Change

#### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- **A.** The Company estimates accrued retrospective premiums for its federal and state sponsored programs in accordance with the provisions in its contract with the Centers for Medicare and Medicaid Services and the Michigan Department of Health and Human Services.
- **B.** The Company records accrued retrospective premium through written premium.
- **C.** The amount of net premiums written by the Company at September 30, 2017 which are subject to retrospective rating features were \$40.0 million, which represents 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical Loss Ratio Rebates Required per Public Health Service Act No Change
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) None

#### 25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2016 were \$0.7 million. As of September 30, 2017, \$0.7 million has been paid for incurred claims and claims adjustment expense attributable to insured events of prior years. Reserves remaining for prior years are now \$0.04 million, as a result of re-estimation of unpaid claims and claims adjustment expenses. Therefore, there has been a (\$0.07) million unfavorable prior-year development since December 31, 2016 to September 30, 2017. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

#### 26. Intercompany Pooling Arrangements

No Change

#### 27. Structured Settlements

No Change

#### 28. Health Care Receivables

- 1. Pharmaceutical Rebate Receivables No Change
- 2. Risk Sharing Receivables No Change

#### 29. Participating Policies

No Change

#### 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$400,668

2. Date of the most recent evaluation of this liability October 26, 2017

3. Was anticipated investment income utilized in this calculation? Yes

#### 31. Anticipated Salvage and Subrogation

No Change

### **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL

1.1			ansactions requiring the filing of Disclosur					,	Yes [ ]	No [X]
1.2			y state?					,	Yes [ ]	No [ ]
2.1	Has any change been reporting entity?	made during the year of this	s statement in the charter, by-laws, article	s of incorp	oration, or de	ed of settlem	ent of the		Yes [X]	No [ ]
2.2	If yes, date of change	:							04	/03/2017
3.1			Holding Company System consisting of tw						Yes [X]	No [ ]
	If yes, complete Scheo	dule Y, Parts 1 and 1A.								
3.2	Have there been any	substantial changes in the o	rganizational chart since the prior quarter	end?				,	res [ ]	No [X]
3.3	•	is yes, provide a brief descri	ption of those changes.							
4.1	Has the reporting entit	ty been a party to a merger o	or consolidation during the period covered	I by this sta	atement?				Yes [ ]	No [X]
4.2		ne of entity, NAIC Company esult of the merger or consol	Code, and state of domicile (use two lette lidation.	er state abl	oreviation) for	any entity th	at has			
			1 Name of Entity	NAIC Co	2 mpany Code	3 State of D				
5.		nent, have there been any si	agreement, including third-party administr gnificant changes regarding the terms of					Yes [ ]	No [X]	NA [ ]
6.1	State as of what date	the latest financial examinat	ion of the reporting entity was made or is	being mad	e				12	/31/2012
6.2	State the as of date th	at the latest financial exami	nation report became available from eithe nce sheet and not the date the report wa	r the state	of domicile o	r the reporting	a entity.			
6.3	or the reporting entity.	This is the release date or o	ion report became available to other state completion date of the examination report	and not th	e date of the	examination	(balance		06	/24/2014
6.4	By what department o									
	Michigan Department	of Insurance and Financia	al Services							
6.5			e latest financial examination report been					Yes [ ]	No [ ]	NA [X]
6.6	Have all of the recomm	mendations within the latest	financial examination report been complic	ed with?				Yes [X]	No [ ]	NA [ ]
7.1	Has this reporting enti	ty had any Certificates of Au I by any governmental entity	ithority, licenses or registrations (including during the reporting period?	g corporate	registration,	if applicable)			Yes [ ]	No [X]
7.2	If yes, give full informa									
8.1	Is the company a subs		npany regulated by the Federal Reserve I						Yes [ ]	No [X]
8.2	If response to 8.1 is ye	•	of the bank holding company.							
8.3	Is the company affiliat		thrifts or securities firms?						Yes [ ]	No [X]
8.4	federal regulatory serv	vices agency [i.e. the Federa	e names and location (city and state of the al Reserve Board (FRB), the Office of the curities Exchange Commission (SEC)] an	Comptrolle	er of the Curre	ency (OCC), t	he Federal			
		1	2 Logotion		3	4	5	6		
	Affili	iate Name	Location (City, State)		FRB	occ	FDIC	SEC		

### **GENERAL INTERROGATORIES**

9.1	similar functions) of the reporting entity subject to a code of ethics, which includes					Yes [X]	No [ ]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparer	nt conflict	s of interest between per	sonal and	professional relationship	s;	
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic report						
	(c) Compliance with applicable governmental laws, rules and regulations;						
	(d) The prompt internal reporting of violations to an appropriate person or persons	s identifie	ed in the code; and				
	(e) Accountability for adherence to the code.						
9.11	If the response to 9.1 is No, please explain:						
9.2	Has the code of ethics for senior managers been amended?					Yes [ ]	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).						
9.3	Have any provisions of the code of ethics been waived for any of the specified offi	cers?				Yes [ ]	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).						
	FINA	ANCI	AL			v	
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affili	iates on F	Page 2 of this statement?			Yes [ ]	No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amoun				\$		0
	INVE	_					
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, place for use by another person? (Exclude securities under securities lending agreement					Yes [ ]	No [X]
11.2	If yes, give full and complete information relating thereto:						
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA						0
13.	Amount of real estate and mortgages held in short-term investments:				\$		0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliat	tes?				Yes [ ]	No [X]
14.2	If yes, please complete the following:						
	4494 Posts		1 Prior Year-End Book/Adjusted Carrying Value		2 Current Quarter Book/Adjusted Carrying Value		
	14.21 Bonds						
	14.23 Common Stock	\$		\$			
	14.24 Short-Term Investments						
	14.25 Mortgage Loans on Real Estate						
	14.27 Total Investment in Parent, Subsidiaries and Affiliates	•		•			
	(Subtotal Lines 14.21 to 14.26)	\$	0	\$	0		
	14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$		\$			
15.1	Has the reporting entity entered into any hedging transactions reported on Schedu	ule DB?				Yes [ ]	No [X]
15.2	If you had a comprehensive description of the hadeing program been made available.	able to the	o dominiliary stato?			1 20V	No [ ]

If no, attach a description with this statement.

## **GENERAL INTERROGATORIES**

16	16.1 Total fair 16.2 Total boo	entity's security lending pro value of reinvested collatera k adjusted/carrying value of	al assets reported on reinvested collateral	Schedule Dassets repo	L, Parts 1 and 2		\$0 \$0
	Excluding items in entity's offices, various pursuant to a cus Considerations, F	ults or safety deposit boxes todial agreement with a qua . Outsourcing of Critical Fu	ecial Deposits, real es s, were all stocks, bor lified bank or trust co nctions, Custodial or	state, mortgands and other ompany in ac Safekeeping	er securities, owned accordance with Sec g Agreements of the	stments held physically in the reportir I throughout the current year held tion 1, III – General Examination e NAIC Financial Condition Examiner	rs
						Handbook, complete the following:	
		Nam US Bank	1 ne of Custodian(s)		P0 Box 1800, S	2 Custodian Address t . Paul , MN 55101	
		s that do not comply with the state of the s	ne requirements of the	e NAIC <i>Fina</i>	ncial Condition Exa	aminers Handbook, provide the name	;
		1 Name(s)		2 Location	i(s)	3 Complete Explanation(s)	
17.3	Have there been	any changes, including nan	ne changes, in the cu	stodian(s) ic	dentified in 17.1 dur	ing the current quarter?	
17.4	If yes, give full an	d complete information rela	ting thereto:				
		1 Old Custodian	2 New Custo	odian	3 Date of Change	4 Reason	
	US Bank	1 Name of Firm or Individu		U		2 filiation	
	US Bank						
	(i.e., designated	ndividuals listed in the table with a "U") manage more th	an 10% of the reporti	ng entity's a	ssets?		Yes [ ] No [ X ]
7.5098		als unaffiliated with the rep sets under management ag					Yes [ ] No [ X ]
17.6	For those firms or	individuals listed in the tab	le for 17.5 with an aff	iliation code	of "A" (affiliated) o	r "U" (unaffiliated), provide the inform	ation for the table below.
	Central Re		2 ame of Firm or Individual		3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
18.1	Have all the filing	requirements of the Purpos	ses and Procedures N	Manual of th	e NAIC Investment	Analysis Office been followed?	
	Have all the filing If no, list exceptio	•	es and Procedures N	vianual of th	e NAIC Investment	Analysis Office been followed?	Yes [X] No

## ${\bf STATEMENT\ AS\ OF\ SEPTEMBER\ 30,\ 2017\ OF\ THE\ Michigan\ Complete\ Health,\ Inc.}$

# **GENERAL INTERROGATORIES**

### PART 2 - HEALTH

Operating Percentages:	
1.1 A&H loss percent	85.6 %
1.2 A&H cost containment percent	0.0 %
1.3 A&H expense percent excluding cost containment expenses.	11.2 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$
2.3 Do you act as an administrator for health savings accounts?	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	\$

# **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date								
1 NAIC	2	3 Effective	4	5	6 Type of Reinsurance Ceded	7	8 Certified Reinsurer Rating	9 Effective Date of Certified
NAIC Company Code	ID Number	1 -	Name of Reinsurer	Domiciliary Jurisdiction	Ceded	Type of Reinsurer	Reinsurer Rating (1 through 6)	of Certified Reinsurer Rating
company code	15 11456.		Name of Reinsurer  LIFE & ANNUITY — AFFILIATES  LIFE & ANNUITY — NON-AFFILIATES  ACCIDENT & HEALTH — AFFILIATES  ACCIDENT & HEALTH — NON-AFFILIATES  PARTNERRE AMER INS CO.  PROPERTY/CASUALTY — AFFILIATES  PROPERTY/CASUALTY — NON-AFFILIATES	- Canada Can		. ype or remound	(1 4.11049.10)	- remound reading
			LIFE & ANNUITY - NON-AFFILIATES					
			ACCIDENT & HEALTH — AFFILIATES					
			ACCIDENT & HEALTH — NON-AFFILIATES					
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/I/L	Authorized		1
	100000101		PROPERTY/CASUALTY - AFFILIATES					
			PROPERTY/CASUALTY — NON-AFFILIATES					
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS Current Year to Date - Allocated by States and Territories

Direct Business Only 3 4 Federal 8 9 6 Employees Health Life & Annuity Property/ Casualty Accident & Benefits Total Active Medicare Medicaid Columns Deposit-Type Program Other Premiums States. Etc 2 Through 7 Status Title XVIII Title XIX Premiums Consideration Premiums Contracts 1. Alabama ΑL Ν 0 2. Alaska ΑK Ν 0 3. Arizona ΑZ N. .0 .0 4. Arkansas AR .N. 5. California CA Ν 0 6. Colorado СО N .0 СТ N. 0 7. Connecticut DE . N. .0 8. Delaware DC N 0 9. Dist. Columbia 10. Florida FL Ν 0 11. GΑ Ν 0 12. Hawaii н ID .0 .N. 13. Idaho 0 14. Illinois IL N 15. Indiana INI N 0 16. IA N. .0 17. Kansas KS .N. .0 ΚY .N. 18. Kentucky 19. Louisiana LA N 0 20. Maine ME Ν 0 21. Maryland MD N. 0. .N. MA .0 22. Massachusetts .. .40,031,678 .26.703.587 ..13.328.091 MI 23. Michigan L 24. Minnesota MN Ν 0 25. Mississippi MS Ν 0 N. .0 26. Missouri .. МО 27. Montana. МТ .N. .0 28 Nebraska NF Ν 0 29. Nevada .. NV Ν 0 NH N N 30. New Hampshire N. 0. 31. New Jersey NJ NM .N. .0 32. New Mexico 33 New York NY Ν 0 34. North Carolina NC Ν 0 N. 0 35. North Dakota ... ND 36. Ohio.. ОН .N. 0. OK Ν 0 Oklahoma 38. Oregon. OR Ν 0 39. Pennsylvania РΑ N 0 .N. 0 40. Rhode Island RI SC .N. .0 41. South Carolina 42. South Dakota SD Ν 0 43. Tennessee .... ΤN Ν 0 44. ΤX Ν 0 Texas 45. Utah ... UT .N. .0 .N. 46. Vermont VT 47. Virginia. VA Ν 0 48. Washington ..... WA N Λ 49. WV Ν 0 West Virginia ... 50. Wisconsin ..... WI .N. .0 .N. 51. Wyoming WY 52. American Samoa .. AS N n 53. Guam . GU N Λ PR 0 54. Puerto Rico ... N. 0. .N. 55. U.S. Virgin Islands .... .VI 56. Northern Mariana Islands ...... .N. .0 MP 57. Canada CAN N 0 XXX 0 0 .0 0 .0 0 58. Aggregate other alien .....OT .26,703,587 .13,328,091 .0 40,031,678 59. Subtotal.. XXX 0 0 ..0 60. Reporting entity contributions for Employee Benefit Plans... XXX Total (Direct Business) 26,703,587 13,328,091 0 0 40,031,678 0 DETAILS OF WRITE-INS 58001 XXX. 58002 XXX 58003 XXX

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

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58998 Summary of remaining write-ins for

. Line 58 from overflow page.....58999 Totals (Lines 58001 through 58003

plus 58998) (Line 58 above)

XXX

XXX

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Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc	32-0045282	ОН	11834
Health Plan Real Estate Holding, Inc (13%)	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc (1%)	46-2860967	MO	
Physicians Choice, LLC	59-3807546	SC	
PhyTrust of South Carolina LLC	65-1206841	FL	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc (15%)	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc (2%)	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Access Health Solutions LLC	56-2384404	FL	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc (95%)	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
Bridgeway Advantage Solutions, Inc	46-4195563	ΑZ	15447
California Health and Wellness Plan	46-0907261	CA	
Michigan Complete Health, Inc.	30-0312489	MI	10769
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
Agate Resources, Inc.	20-0483299	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	12559

Agate Properties, LLC	26-4475075	OR	
Nebraska Total Care, Inc.	47-5123293	NE	15902
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-5664342	OH	16112
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	16130
Arkansas Total Care Holding Company, LLC (51%)	38-4042368	DE	
Arkansas Total Care, Inc.	82-2649097	AR	
Healthy Oklahoma Holdings, Inc.	81-2788043	DE	
Oklahoma Complete Health Inc.	81-3121527	OK	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	ΑZ	
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
CMC Hanley, LLC	46-4234827	MO	
Forhan, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP (1%)	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP (99%)	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Envolve Holdings, Inc.	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
CBHSP Arizona, Inc	86-0782736	AZ	
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	Cenpatico of California, Inc	47-2595704	CA	
	Integrated Mental Health Mgmt, LLC	74-2892993	TX	
	Integrated Mental Health Services	74-2785494	TX	
	Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
	Cenpatico of Arizona Inc. (80%)	80-0879942	AZ	14704
Er	nvolve, Inc.	37-1788565	DE	
	AHA Administrative Services, LLC	47-4545413	AL	
	Envolve - New York, Inc.	47-3454898	NY	
	Community Care of Central Colorado, LLC	82-2288767	DE	
Er	nvolve PeopleCare, Inc.	06-1476380	DE	
	LiveHealthier, Inc.	47-2516714	DE	
Er	nvolve Benefits Options, Inc.	61-1846191	DE	
	Envolve Vision Benefits, Inc.	20-4730341	DE	
	Envolve Captive Insurance Company, Inc.	36-4520004	SC	
	Envolve Vision of Texas, Inc.	75-2592153	TX	95302
	Envolve Vision, Inc	20-4773088	DE	
	Envolve Vision of Florida, Inc	65-0094759	FL	
	Envolve Total Vision, Inc.	20-4861241	DE	
	Envolve Vision of New York, Inc.	06-1635519	NY	
	Envolve Dental, Inc.	46-2783884	DE	
	Envolve Dental of Florida, Inc.	81-2969330	FL	
	Envolve Dental of Texas, Inc.	81-2796896	TX	16106
Er	nvolve Pharmacy Solutions, Inc.	77-0578529	DE	
	LBB Industries, Inc	76-0511700	TX	
	RX Direct, Inc	75-2612875	TX	
	Envolve Pharmacy IPA, LLC	46-2307356	NY	
Casenet	LLC	90-0636938	DE	
Ca	asenet S.R.O.	Foreign	CZE	
Centurio	n Group, Inc	61-1450727	DE	
Ce	enturion LLC (51%)	90-0766502	DE	
	Centurion of Arizona, LLC	81-4228054	AZ	
	Centurion of Vermont, LLC	47-1686283	VT	
	Centurion of Mississippi, LLC	47-2967381	MS	
	Centurion of Tennessee, LLC	30-0752651	TN	
	Massachusetts Partnership for Correctional Healthcare, LLC	61-1696004	MA	
	Centurion of Minnesota, LLC	46-2717814	MN	
	Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
	Centurion of Florida, LLC	81-0687470	FL	
	Centurion of Illinois, LLC	81-3007264	IL	
	Centurion of Maryland, LLC	81-4938030	MD	
	Centurion of Philadelphia, LLC	81-5429405	PA	

Specialty Therapeutic Care Holdings, LLC	27-3617766	DE
Specialty Therapeutic Care, LP (99.99%)	73-1698808	TX
Specialty Therapeutic Care, GP, LLC	73-1698807	TX
Specialty Therapeutic Care, LP (0.01%)	73-1698808	TX
Specialty Therapeutic Care West, LLC	26-2624521	TX
AcariaHealth Solutions, Inc.	80-0856383	DE
AcariaHealth, Inc.	45-2780334	DE
AcariaHealth Pharmacy #14, Inc	27-1599047	CA
AcariaHealth Pharmacy #11, Inc	20-8192615	TX
AcariaHealth Pharmacy #12, Inc	27-2765424	NY
AcariaHealth Pharmacy #13, Inc	26-0226900	CA
AcariaHealth Pharmacy, Inc	13-4262384	CA
HomeScripts.com, LLC	27-3707698	MI
New York Rx, Inc.	20-8235695	NY
U.S. Medical Management Holdings, Inc	27-0275614	DE
U.S. Medical Management, LLC (20%)	38-3153946	DE
U.S. Medical Management, LLC (48%)	38-3153946	DE
RMED, LLC	31-1733889	FL
IAH of Florida, LLC	47-2138680	FL
Heritage Home Hospice, LLC	51-0581762	MI
Grace Hospice of Austin, LLC	20-2827613	MI
ComfortBrook Hospice, LLC	20-1530070	ОН
Comfort Hospice of Texas, LLC	20-4996551	MI
Grace Hospice of San Antonio, LLC	20-2827526	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Grace Hospice of Indiana, LLC	45-0634905	MI
Grace Hospice of Virginia, LLC	45-5080637	MI
Comfort Hospice of Missouri, LLC	45-5080567	MI
Grace Hospice of Colorado, LLC	45-5080675	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Grace Hospice of Illinois, LLC	81-5129923	IL
Seniorcorps Peninsula, LLC	26-4435532	VA
R&C Healthcare, LLC	33-1179031	TX
A N J, LLC	20-0927034	TX
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Country Style Health Care, LLC	03-0556422	TX
Phoenix Home Health Care, LLC	14-1878333	DE
Traditional Home Health Services, LLC	75-2635025	TX
Family Nurse Care, LLC	38-2751108	MI
Family Nurse Care II, LLC	20-5108540	MI
Family Nurse Care of Ohio, LLC	20-3920947	MI
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	Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI	
	Pinnacle Senior Care of Indiana, LLC	81-1565426	MI	
	Pinnacle Home Care, LLC	76-0713516	TX	
	North Florida Health Services, Inc	59-3519060	FL	
	Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI	
	Hospice DME Company, LLC	46-1734288	MI	
	Rapid Respiratory Services, LLC	20-4364776	DE	
	USMM Accountable Care Network, LLC	46-5730959	DE	
	USMM Accountable Care Partners, LLC	46-5735993	DE	
	USMM Accountable Care Solutions, LLC	46-5745748	DE	
	USMM ACO, LLC	45-4165480	MI	
	USMM ACO Florida, LLC	45-4157180	MI	
	USMM ACO North Texas, LLC	45-4154905	MI	
Heal	th Net, Inc.	47-5208076	DE	
	Health Net of California, Inc.	95-4402957	CA	
	Health Net Life Insurance Company	73-0654885	CA	66141
	Health Net Life Reinsurance Company	98-0409907	CJ	
	Health Net of California Real Estate Holdings, Inc.	54-2174069	CA	
	Managed Health Network, LLC	95-4117722	DE	
	Managed Health Network	95-3817988	CA	
	MHN Services, LLC	95-4146179	CA	
	Health Net Federal Services, LLC	68-0214809	DE	
	MHN Government Services LLC	42-1680916	DE	
	MHN Global Services, Inc.	51-0589404	DE	
	MHN Government Services-Belgium, Inc.	80-0852000	DE	
	MHN Government Services-Djibouti, Inc.	90-0889816	DE	
	MHN Government Services-Germany, Inc.	80-0852008	DE	
	MHN Government Services-Guam, Inc.	90-0889803	DE	
	MHN Government Services-International, Inc.	90-0889825	DE	
	MHN Government Services-Italy, Inc.	80-0852019	DE	
	MHN Government Services-Japan, Inc.	46-1038058	DE	
	MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
	MHN Government Services-Turkey, Inc.	90-0889824	DE	
	MHN Government Services-United Kingdom, Inc.	90-0889833	DE	
	Network Providers, LLC (10%)	88-0357895	DE	
	Health Net Preferred Providers, LLC	61-1388903	DE	
	Health Net Veterans, LLC	35-2490375	DE	
	Network Providers, LLC (90%)	88-0357895	DE	
	Health Net of the Northeast, LLC (25%)	06-1116976	DE	
	North Region Providers, LLC	n/a	DE	
	Health Net of the Northeast, LLC (75%)	06-1116976	DE	

OvelMed Jee	04 4475400	DE	
QualMed, Inc.	84-1175468	DE	
QualMed Plans for Health of Colorado, Inc.	84-0975985	CO	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
HSI Advantage Health Holdings, Inc.	23-2867299	DE	
QualMed Plans for Health of Western Pennsylvania, Inc.	23-2867300	PA	
Pennsylvania Health Care Plan, Inc.	25-1516632	PA	
Health Net Services Inc.	94-3037822	DE	
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net One Payment Services, Inc.	54-2153100	DE	
Health Net of Pennsylvania, LLC	n/a	PA	
QualMed Plans for Health of Pennsylvania, Inc.	23-2456130	PA	
FH Surgery Limited, Inc.	68-0390434	CA	
Foundation Health Facilities, Inc.	68-0390438	CA	
FH Assurance Company	98-0150604	CJ	
Health Net Pharmaceutical Services	68-0295375	CA	
Health Net of Arizona Administrative Services, Inc.	86-0660443	AZ	
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
National Pharmacy Services Inc.	84-1301249	DE	
Integrated Pharmacy Systems, Inc. (90%)	23-2789453	PA	
FH Surgery Centers Inc.	68-0390435	CA	
Greater Sacramento Surgery Center LP (66%)	68-0343818	CA	
Health Net Access, Inc.	46-2616037	AZ	
MHS Consulting, International, Inc	20-8630006	DE	
PRIMEROSALUD, S.L.	Foreign	ESP	
Centene UK Limited	Foreign	UK	
The Practice (Group) Limited (75%)	Foreign	UK	
Centene Health Plan Holdings, Inc.	82-1172163	DE	

## 16

													•		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
					-	New York Stock				Shareholders/Board of	Shareholders/Boa		Shareholders/Board		
01295	Centene Corporation	00000	42-1406317		0001071739	Exchange	Centene Corporation	DE	UDP	Directors	rd of Directors	100.0	of Directors	N	
	,					0	Bankers Reserve Life Insurance						Centene		
01295	Centene Corporation	71013	39-0993433				Company of Wisconsin	WI	I A	Centene Corporation	Ownership	100.0	Corporation	N	
	· ·	i i					, ,			Bankers Reserve Life	, i				
							Health Plan Real Estate			Insurance Company of			Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	Wisconsin	Ownership	17.0	Corporat ion	Y .	
													Centene		
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	<u>G</u> A	I A	Centene Corporation	Ownership	100.0	Corporation	N	
							Health Plan Real Estate						Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Corporation	Y .	
							l						Centene	ll	
01295	Centene Corporation	15713	46 - 4829006				lowa Total Care, Inc	I A	I A	Centene Corporation	Ownership	100.0	Corporat ion	N	
0.400.5			00 0045000				Buckeye Community Health Plan,	011				400.0	Centene	ll	
01295	Centene Corporation	11834	32-0045282				Inc	0H		Centene Corporation	Ownership	100.0	Corporat ion		
0.400.5			10 0000007				Health Plan Real Estate			Buckeye Community Health		40.0	Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Plan, Inc	Ownership	13.0	Corporat ion	<sup>Y</sup>  .	
0.400.5		40050					l., <del>.</del>	0.0				400.0	Centene	ll	
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	I A	Centene Corporation	Ownership	100.0	Corporat ion	N	
04005	0	00000	40, 0000007				Health Plan Real Estate	MO	ALL A	About the Total Consults	O	4.0	Centene		
01295	Centene Corporation	. 00000	46 - 2860967	-			Holding, Inc	JWU	NIA	Absolute Total Care, Inc	Ownership	1.0	Corporat ion	Y	
04005	C C	00000	59-3807546				Dhuaisiana Chaisa 110	SC	ALLA	Abaaluta Tatal Cara Ina	O	100 0	Centene		
01295	Centene Corporation	. 00000	59-380/540	-			Physicians Choice, LLC	56	NIA	Absolute Total Care, Inc	Ownership	100.0	Corporation		
01295	Contana Corneration	00000	65-1206841				PhyTrust of South Carolina LLC	FL	NIA	Absolute Total Care, Inc	Ownership	100.0	Centene	l M	
01295	Centene Corporation	. 00000	03-1200041				Coordinated Care Corporation		NIA	Absorute lotal care, inc	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	95831	39-1821211				d/b/a Managed Health Services	IN	LA	Centene Corporation	Ownership	100.0	Corporation	l M	
01295	Centene Corporation	93031	39-1021211	-			Health Plan Real Estate	IIN	I A	Coordinated Care Corporation	Ownership	100.0	Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	d/b/a Managed Health Services.	Ownerchin	15.0	Corporation	v	
01295	l	. 00000	40-2000907				Healthy Washington Holdings,	JWIO		i u/b/a manageu nearth services.	Owner Sirip	13.0	Centene	1' -	
01295	Centene Corporation	. 00000	46-5523218				Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	l N	
01200	Contone corporation		40-0020210				Coordinated Care of Washington,	DL		Healthy Washington Holdings,	O#IIG13111P	100.0	Centene		
01295	Centene Corporation	15352	46-2578279				Inc	WA	LA	Inc	Ownership	100.0	Corporation	l N	
0 1200	Solitono Gorporation	10002	10 2010210				Managed Health Services		//\	1110	o		Centene		
01295	Centene Corporation	96822	39-1678579				Insurance Corp	WI	IA	Centene Corporation	Ownership	100 0	Corporation	N	
0 1200	Solitons Gorporation	00022	00 101 001 0	1			Health Plan Real Estate			Managed Health Services	5 51 0111 p	1	Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Insurance Corp	Ownership	2.0	Corporation	I y	
				1					]		,	1	Centene	[	
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	I A	Centene Corporation	Ownership	100.0	Corporation	N	
													Centene		
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	ТХ	I A	Centene Corporation	Ownership	100.0	Corporation	N	
							Health Plan Real Estate				,		Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Corporat ion	]Y	
	'	i i					Ü,			, , , , , , , , , , , , , , , , , , , ,			Centene		
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion	N	
	l '						Louisiana Healthcare			Healthy Louisiana Holdings			Centene		ļ
01295	Centene Corporation	13970	27 - 1287287				Connections, Inc	LA	I A	LLC	Ownership	100.0	Corporat ion	N	

# 16.1

									1 40			1 40			
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
04005		40000	00 0570040									400.0	Centene	ا, ا	
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	I A	Centene Corporation	Ownership	100.0		N	
01295	Centene Corporation	14053	27 - 2186150				      	IL	I A	Centene Corporation	Ownership	100.0	Centene Corporation	l N	
01200	Contone Corporation	. 14000	21 -2 100 100				Health Plan Real Estate			Contone corporation	O#IIC13111P	1100.0	Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	IlliniCare Health Plan, Inc	Ownership	5.0		ΙΥ	
		i i					J				,		Centene		
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0		N	
0.4005		10110	00 0007577									400.0	Centene	ا., ا	
01295	Centene Corporation	13148	20-8937577	-			Sunshine State Health Plan, Inc.	FL	I A	Sunshine Health Holding LLC	Ownersnip	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownershin	100.0		l N	
01233	l deriterie corporation	. 00000	30-2304404				Kentucky Spirit Health Plan,			Sunsitine hearth hording LLC	Owner 3111 p	100.0	Centene		
01295	Centene Corporation	14100	45-1294925				Inc.	KY	I A	Centene Corporation.	Ownership.	100.0		N	
	·									'	'		Centene	i i	
01295	Centene Corporation	. 00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	95.0	Corporation	N	
04005	Contant Consenting	14040	45 0700044				Illama Chata Illaalth Diaa Ilaa	MO		Haalthu Miassusi Haldias Isa	Owen a sele i se	100 0	Centene		
01295	Centene Corporation	14218	45-2798041	-			Home State Health Plan, Inc Health Plan Real Estate	MO	I A	Healthy Missouri Holding, Inc.	Ownersnip	100.0	Corporation Centene	N	
01295	Centene Corporation	. 00000	46 - 2860967				Holding, Inc	MO	NIA	Home State Health Plan, Inc	Ownership	5.0		l v	
01230		. 00000	40-2000307				Sunflower State Health Plan,			I louid otate hearth Fran, me	Owner 3111p	1	Centene	' -	
01295	Centene Corporation	14345	45-3276702				Inc	KS	I A	Centene Corporation.	Ownership.	100.0		N	
	'	l i		İ						'	'		Centene	l i	İ
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc	NH	I A	Centene Corporation	Ownership	100.0	Corporation	N	
04005	Contant Consenting	15117	40 4405500				Bridgeway Advantage Solutions,	4.7		Conton Consortion	Owen a sele i se	100 0	Centene		
01295	Centene Corporation	15447	46 - 4195563				Inc California Health and Wellness	AZ	I A	Centene Corporation	Ownership	100.0	Corporation Centene	]JN	
01295	Centene Corporation	00000	46-0907261				Plan	CA	NIA	Centene Corporation	Ownership	100.0		l N	
01200	Contone Corporation		10 0007 20 1							Contone corporation	0 11101 0111 p		Centene		
01295	Centene Corporation	10769	30-0312489				Michigan Complete Health, Inc	MI	I A	Centene Corporation	Ownership	100.0		N	
	<u> </u>	l					L.,			<u> </u>			Centene	ll	
01295	Centene Corporation	00000	20-4761189				SilverSummit Healthplan, Inc	NV	NIA	Centene Corporation	Ownership	100.0		N	
01295	Centene Corporation	00000	20-0483299				Agate Resources. Inc.	0R	NIA	Centene Corporation	Ownership.	100.0	Centene Corporation	l N	
01293	Centene Corporation	. 00000	20-0403299				Trillium Community Health Plan.	UN		Centene Corporation	Owner Strip	100.0	Centene	]	
01295	Centene Corporation	12559	42-1694349				Inc	OR	I A	Agate Resources. Inc.	Ownership	100.0		lN	
		i i									, , , , , , , , , , , , , , , , , , , ,		Centene		
01295	Centene Corporation	00000	26-4475075				Agate Properties, LLC	OR	NIA	Agate Resources, Inc	Ownership	100.0	Corporation	N	
04005	0	45000	47 5400000				Neberala Tatal Consults	NE		04	0	400.0	Centene	l ,l	
01295	Centene Corporation	15902	47 - 5123293				Nebraska Total Care, Inc Pennsylvania Health & Wellness,	NE	I A	Centene Corporation	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	16041	47 - 5340613				Inc.	PA	I A	Centene Corporation	Ownership	100.0	Corporation	N	
0 1200	Some sor por at ron	10071	11 00-100 10	1			Superior HealthPlan Community	n			o		Centene		
01295	Centene Corporation	15912	47 - 5664832				Solutions, Inc.	TX	I A	Centene Corporation	Ownership	100.0	Corporation	N	
							Sunshine Health Community				<u>.</u>		Centene		İ
01295	Centene Corporation	15927	47 - 5667095	-			Solutions, Inc.	FL	I A	Centene Corporation	Ownership	100.0	Corporation	[N	
01205	Centene Corporation	16112	47 - 5664342				Buckeye Health Plan Community	OH	IA	Contana Corporation	Ownerchin	100 0	Centene	A.I	
01295	remene corporation	. 10112	41 -0004042	.			Solutions, Inc.	∪⊓	I A	Centene Corporation	Ownership	100.0	Corporation	IN	

								1 .			T		T		
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	ID.	Fadaval		Publicly	Names of	D ! -: !!	to	Discretic Constrails of her	Management,	Ownership	Lutinanta Cantanulina	Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
Oode	Group Harrie	Oouc	Number	NOOD	Oiix	international)	Arkansas Health & Wellness	Location	Littly	(Name of Emily/1 croom)	milderice, Other)	r creentage	Centene	(1/14)	
01295	Centene Corporation	16130	81-1282251				Health Plan, Inc.	AR	I A	Centene Corporation	Ownership	100.0	Corporation	N	
							Arkansas Total Care Holding			Arkansas Health & Wellness			Centene	l	
01295	Centene Corporation	00000	38-4042368				Company, LLC	DE	NIA	Health Plan, Inc.	Ownership	51.0	Corporat ion	N	
01295	Centene Corporation	00000	82-2649097				Arkansas Total Care. Inc	AR	NIA	Arkansas Total Care Holding Company, LLC	Ownership	100.0	Centene Corporation	N	
01233	Centene Corporation	00000	. 02-2049097				Arkansas rotar care, mc			Company, LLo	0 WITCH 3111 P	100.0	Centene		
01295	Centene Corporation	00000	81-2788043				Healthy Oklahoma Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	
										Healthy Oklahoma Holdings,	l		Centene	ll	
01295	Centene Corporation	00000	81-3121527				Oklahoma Complete Health Inc	0K	NIA	Inc	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01200	deritario dei per at ren	00000	20-430007 3				Bridgeway Health Solutions of			Bridgeway Health Solutions,	0 #1101 3111 p	100.0	Centene		
01295	Centene Corporation	00000	. 20-4980818				Arizona Inc	AZ	NIA	LLC	Ownership	100.0	Corporation	N	
0.4005								25				400.0	Centene	ll	
01295	Centene Corporation	00000	. 36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc.	Ownership.	100.0	Corporation	N	
01200	deritation der per de ron	007 00					deritte mourance company			ocitio oroup, mo	. o #1101 o111 p		Centene		
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc	MS	I A	Celtic Insurance Company	Ownership	100.0	Corporation	N	
0.4005		45700	00 4000000					0.4				400.0	Centene	l ,l	
01295	Centene Corporation	15729	. 36-4802632				Ambetter of Peach State Inc	GA	I A	Celtic Insurance Company	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	27 - 2221367				Novasys Health, Inc.	DE	NIA	Celtic Group, Inc	Ownership	100.0	Corporat ion	l N	
0.200	00.1.0.1.0 00.1 por ac 1 0.1						CeltiCare Health Plan Holdings		1	Contro or out	, o o p		Centene		
01295	Centene Corporation	00000	26-4278205				LLC.	DE	NIA	Celtic Group, Inc	Ownership	100.0	Corporation	N	
04205	Contant Comment in	40000	00 4040440				CeltiCare Health Plan of	MA	IA	CeltiCare Health Plan	O	100.0	Centene		
01295	Centene Corporation	13632	. 26-4818440				Massachusetts, Inc	JWA	I A	Holdings LLC	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	W I	NIA	Centene Corporation	Ownership	100.0	Corporation	N	
	'									Centene Management Company			Centene		
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	LLC	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	
01233	l	00000	. 20-4094002				Centene Center LLC	DL		Cino Real Estate Co. ELC	Owner 3111P	100.0	Centene		
01295	Centene Corporation	00000	. 82-1816153				Centene Center I, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporat ion	N	
	<u> </u>									l	<u> </u>		Centene	ll	
01295	Centene Corporation	00000	. 47 <b>-</b> 5156015				Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	
01200	deritation der per de ron	00000	140 4204027				omo Harroy, ELo				0 #1101 0111 p		Centene		
01295	Centene Corporation	00000	. 47 - 2914561				Forhan, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation	N	
04005	0	00000	07 4700000				Harlan Frank 112				0	400.0	Centene		
01295	Centene Corporation	00000	. 37 - 1766939				Hanley-Forsyth, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership.	100 0	Corporation	N	
							,				İ '		Centene	'	
01295	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC.	DE	NIA	GPT Acquisition LLC	Ownership	100.0	Corporation	N	

# 16.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group		NAIC Company	ID November	Federal	Olk	Name of Securities Exchange if Publicly Traded (U.S. or	Names of Parent, Subsidiaries or Affiliates	Domiciliary	Relationship to Reporting	Directly Controlled by	Type of Control (Ownership, Board, Management, Attorney-in-Fact,	If Control is Ownership Provide		Is an SCA Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Of Affiliates	Location	Entity	(Name of Entity/Person)	miluence, Other)	Percentage	Centene	(Y/N)	
01295	Centene Corporation		46-2794037				LSM Holdco, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation		46-2798132				Lifeshare Management Group, LLC	NH	NIA	LSM Holdco, Inc	Ownership		Corporation Centene	N	
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	.Ownership	100.0	Corporation		
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	CCTX Holdings, LLC	Ownership	1.0	Centene Corporation Centene	N	
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership		Corporation Centene	N	
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	99.0	Corporation Centene	N	
01295	Centene Corporation	00000	43 - 1795436				MHS Travel & Charter, Inc	WI	NIA	Centene Corporation	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	46 - 4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	22-3889471				Envolve Holdings, Inc Cenpatico Behavioral Health,	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	68 - 0461584				LLC.	CA	NIA	Envolve Holdings, Inc Cenpatico Behavioral Health.	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	86 - 0782736				CBHSP Arizona, Inc	AZ	NIA	LLC	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	47 - 2595704				Cenpatico of California, Inc	CA	NIA	LLC Cenpatico Behavioral Health.	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt,	TX	NIA	LLC.	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Integrated Mental Health Mgmt, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	NIA	Cenpatico Behavioral Health,	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	14704	80-0879942				Cenpatico of Arizona Inc	AZ		Cenpatico Behavioral Health of Arizona, LLC	Ownership	80.0	Centene Corporation	N	
01295	Centene Corporation	00000	37 - 1788565				Envolve, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47 - 4545413				AHA Administrative Services,	AL	NIA	Envolve, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47 - 3454898				Envolve - New York, Inc.	NY	NIA	Envolve, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	82-2288767				Community Care of Central	DE	NIA	Envolve, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	06-1476380				Envolve PeopleCare, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Centene Corporation		
01295	Centene Corporation	00000	47 - 2516714				LiveHealthier, Inc	DE	NIA	Envolve PeopleCare, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	61-1846191				Envolve Benefits Options. Inc	DE	NIA	Envolve Holdings, Inc.	Ownership	100.0	Centene Corporation	N N	

# 16.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'	2	3	4	5	0	Name of Securities	0	9			Type of Control (Ownership,				10
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	. 00000	20-4730341	-			Envolve Vision Benefits, Inc Envolve Captive Insurance	DE	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Centene Corporation Centene	N	
01295	Centene Corporation	. 00000	36-4520004				Company, Inc.	SC	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Corporation	N	
01295	Centene Corporation	İ	75-2592153				Envolve Vision of Texas, Inc	TX	I A	Envolve Benefit Options, Inc	'		Corporation Centene	N	
01295	Centene Corporation		20-4773088				Envolve Vision, Inc	DE	NIA	Envolve Benefit Options, Inc.	'		Centene	N	
	Centene Corporation		65-0094759				Envolve Vision of Florida, Inc	FL	NIA	Envolve Benefit Options, Inc.	,		Corporation Centene	N	
01295	Centene Corporation		20-4861241				Envolve Total Vision, Inc Envolve Vision of New York,	DE	NIA	Envolve Benefit Options, Inc.	'		Corporation Centene	N .	
01295	Centene Corporation		06 - 1635519 46 - 2783884				IncEnvolve Dental, Inc.	NY DE	NIA NIA	Envolve Benefit Options, Inc Envolve Benefit Options, Inc	<b>'</b>		Corporation Centene Corporation	]	
01295	Centene Corporation		81-2969330				Envolve Dental of Florida, Inc.	FL	NIA	Envolve Dental, Inc	Ownership		Centene Corporation	N	
01295	Centene Corporation		81-2796896	-			Envolve Dental of Texas, Inc	ТХ	NIA	Envolve Dental, Inc	Ownership		Centene Corporation	N	
01295	Centene Corporation		77 -0578529				Envolve Pharmacy Solutions,	DE.		Envolve Holdings, Inc	Ownership.		Centene Corporation	N	
01295	Centene Corporation	. 00000	76-0511700				LBB Industries, Inc	ТХ	NIA	Envolve Pharmacy Solutions,	Ownership	100.0	Centene Corporation	N .	
01295	Centene Corporation	. 00000	75-2612875				RX Direct, Inc	TX	NIA	Envolve Pharmacy Solutions, Inc.	Ownership	100.0	Centene Corporation	N .	
01295	Centene Corporation	. 00000	46-2307356				Envolve Pharmacy IPA, LLC	NY	NIA	Envolve Pharmacy Solutions,	Ownership	100.0	Centene Corporation	N .	
01295	Centene Corporation	. 00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation Centene	N	
01295	Centene Corporation	. 00000					Casenet S.R.O.	CZE	NIA	Casenet LLC	Ownership	100.0	Corporation	N	
01295	Centene Corporation	. 00000	61-1450727				Centurion Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	
01295	Centene Corporation	. 00000	90-0766502				Centurion LLC	DE	NIA	Centurion Group, Inc	Ownership	51.0	Corporation Centene		
01295	Centene Corporation	. 00000	81-4228054				Centurion of Arizona, LLC	AZ	NIA	Centurion LLC	Ownership		Corporation Centene	N	
01295	Centene Corporation		47 - 1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC.	Ownership		Corporation Centene	N	
01295	Centene Corporation	İ	47-2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.0	Centene		
01295	Centene Corporation		30-0752651				Centurion of Tennessee, LLC Massachusetts Partnership for	TN	NIA	Centurion LLC	Ownership		Corporation Centene		
01295	Centene Corporation		61-1696004				Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership		Corporation Centene	]	
01295	Centene Corporation	. 00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership	1	Corporation	N .	

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1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
_		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	Our Mana	Company	ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates Centurion Correctional	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Centene	(Y/N)	
01295	Centene Corporation	00000	81-1161492				Healthcare of New Mexico, LLC	NM	NIA	Centurion LLC	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	81-0687470				Centurion of Florida, LLC	FL	NIA	Centurion LLC	Ownership	100.0		N .	
01295	Centene Corporation	00000	81-3007264				Centurion of IIIinois, LLC	IL	NIA	Centurion LLC	Ownership	100.0			
01295	Centene Corporation	00000	81-4938030				Centurion of Maryland, LLC	MD	NIA	Centurion LLC	Ownership	100.0	Centene Corporation Centene	N	
01295	Centene Corporation	00000	81-5429405				Centurion of Philadelphia, LLC	PA	NIA	Centurion LLC	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	27 - 3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation Specialty Therapeutic Care	Ownership	100.0	Centene Corporation Centene		
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP Specialty Therapeutic Care, GP,	TX	NIA	Holdings, LLCSpecialty Therapeutic Care	Ownership	100.0		N	
01295	Centene Corporation	00000	73-1698807				LLC	TX	NIA	Holdings, LLCSpecialty Therapeutic Care,	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP Specialty Therapeutic Care	TX	NIA	GP, LLCSpecialty Therapeutic Care,	Ownership	0.0	Corporation Centene	N	
01295	Centene Corporation	00000	26 - 2624521				West, LLC	TX	NIA	LPSpecialty Therapeutic Care,	Ownership	100.0		N	
01295	Centene Corporation	00000	80-0856383				AcariaHealth Solutions, Inc	DE	NIA	Holdings, LLCSpecialty Therapeutic Care	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Holdings, LLC	Ownership	100.0	Corporation Centene	N .	
01295	Centene Corporation.	00000	27 - 1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.0		N	
01295	Centene Corporation	00000	27 - 2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	27 - 3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	20-8235695				New York Rx, Inc U.S. Medical Management	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation	N	
01295	Centene Corporation		27 - 0275614				Holdings, Inc	DE	NIA	Centene CorporationU.S. Medical Management	Ownership	100.0	Corporation	N	
01295	Centene Corporation	l	38-3153946				U.S. Medical Management, LLC	DE	NIA	Holdings, Inc	Ownership	20.0		N	
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	48.0	Corporation Centene	N	
01295	Centene Corporation	i i	31-1733889				RMED, LLC.	FL		U.S. Medical Management, LLC		100.0	CorporationCentene	N	
01295	Centene Corporation	00000	47 - 2138680				IAH of Florida, LLC	FL	NIA	RMED, LLC	Ownership	100.0	Corporation	N .	

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities Exchange if			Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	M1	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation Centene		
01295	Centene Corporation.	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	20 - 1530070				ComfortBrook Hospice, LLC	0H	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N .	
01295	Centene Corporation	00000	20-2827526				Grace Hospice of San Antonio,	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	45 <b>-</b> 0679248				Grace Hospice of Grand Rapids,	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N .	
01295	Centene Corporation	00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	45 <b>-</b> 5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	45 <b>-</b> 5080567				Comfort Hospice of Missouri,	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation Centene	N	
01295	Centene Corporation	00000	45-5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0			
01295	Centene Corporation	00000	46 - 1708834				Grace Hospice of Wisconsin, LLC.	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene	N .	
01295	Centene Corporation	00000	81-5129923				Grace Hospice of Illinois, LLC	IL	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	26 - 4435532				Seniorcorps Peninsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	20-0927034				A N J, LLCPinnacle Senior Care of	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	46-0861469				Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100 .0		N	
01295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC Traditional Home Health	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	CorporationCentene	N	
01295	Centene Corporation	1	75 <b>-</b> 2635025				Services, LLC	ТХ	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation		38-2751108				Family Nurse Care, LLC	MI		U.S. Medical Management, LLC	, , , , , , , , , , , , , , , , , , , ,	100.0		N	
01295	Centene Corporation	1	20 - 5108540				Family Nurse Care II, LLC	MI		U.S. Medical Management, LLC	,	100.0	Centene		
01295	Centene Corporation	i i	20-3920947				Family Nurse Care of Ohio, LLC Pinnacle Senior Care of	MI	NIA	U.S. Medical Management, LLC		100.0	Centene	N	
01295	Centene Corporation		46-4229858				Wisconsin, LLCPinnacle Senior Care of	WI		U.S. Medical Management, LLC	·	100.0	Centene	N	
01295	Centene Corporation	00000	81 - 1565426				Indiana, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Corporation	]N	

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1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC.	ТХ	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	59-3519060				North Florida Health Services, Inc	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	47 - 1742728				Pinnacle Sr. Care of Kalamazoo, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46 - 1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	20-4364776				Rapid Respiratory Services, LLC.	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46 - 5730959				USMM Accountable Care Network, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46-5735993				USMM Accountable Care Partners, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	46 - 5745748				USMM Accountable Care Solutions, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-4165480				USMM ACO, LLC.	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	45-4157180				USMM ACO Florida, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	45-4154905				USMM ACO North Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation.	00000	47 - 5208076				Health Net, Inc	DE.	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation.	00000	95-4402957				Health Net of California, Inc	CA	NIA	Health Net, Inc.	Ownership	100.0		N	
01295	Centene Corporation	66141	73-0654885				Health Net Life Insurance Company	CA	A	Health Net of California, Inc	Ownership	100.0			
01295	Centene Corporation	00000	98-0409907				Health Net Life Reinsurance Company	CYM	NIA	Health Net of California, Inc	Ownership	100.0		N	
01295	Centene Corporation	00000	54 <b>-</b> 2174069				Health Net of California Real Estate Holdings, Inc	CA	NIA	Health Net of California, Inc	Ownership	100.0	Centene Corporation	N	
01295	Centene Corporation	00000	95-4117722				Managed Health Network, LLC	DE	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation Centene	N	
01295	Centene Corporation	00000	95-3817988				Managed Health Network	CA	NIA	Managed Health Network, LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	95-4146179				MHN Services, LLCHealth Net Federal Services.	CA	NIA	Managed Health Network, LLC	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	68-0214809				LLC	DE	NIA	Health Net, IncHealth Net Federal Services.	Ownership	100.0	CorporationCentene	N	
01295	Centene Corporation	00000	42-1680916				MHN Government Services LLC	DE	NIA	LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	51-0589404				MHN Global Services, Inc MHN Government Services-	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	
01295	Centene Corporation	00000	80-0852000				Belgium, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0	CorporationCentene	N	
01295	Centene Corporation	00000	90-0889816				Djibouti, Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporat ion	N	

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1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
		NAIG				Exchange if	Name		Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage		(Y/N)	*
							MHN Government Services-						Centene		
01295	Centene Corporation	00000	80-0852008	-			Germany, Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporation	N .	
01295	Centene Corporation	00000	90-0889803				MHN Government Services-Guam,	DE	NIA	MHN Government Services LLC	Ownership	100.0	Centene Corporation	l M	
01200	dontone dorporation	00000	. 50 0005000				MHN Government Services-			I III II GOVOTTIIIGITE GOTVIGGO EEG	, o #1101 of 11 p		Centene		
01295	Centene Corporation	00000	90-0889825				International, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporation		
0.4005		00000	00 0050040				MHN Government Services-Italy,	55			0 1:	400.0	Centene	l	
01295	Centene Corporation	00000	80-0852019				IncMHN Government Services-Japan,	DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporation Centene	<sup>N</sup>  .	
01295	Centene Corporation	00000	46-1038058				Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0		l N	
	'						MHN Government Services-Puerto						Centene		
01295	Centene Corporation	00000	90-0889815				Rico, Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0		N .	
01295	Centene Corporation	00000	90-0889824				MHN Government Services-Turkey,	DE	NIA	MHN Government Services LLC	Ownership.	100.0	Centene Corporation	l M	
01233	Centene Corporation	00000	. 90-0009024				MHN Government Services-United			I WIN OOVERNINGHT SERVICES LLC	. Owner sirrp		Centene	JV -	
01295	Centene Corporation	00000	90-0889833				Kingdom, Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporation	N .	
0.4005		00000	00 0057005					55			0 1:	40.0	Centene	l	
01295	Centene Corporation	00000	88-0357895				Network Providers, LLC Health Net Preferred Providers.	DE	NIA	MHN Government Services LLC Health Net Federal Services.	Ownership	10.0	Corporation Centene	N .	
01295	Centene Corporation	00000	61-1388903				IIIC	DE	NIA	III C	Ownership	100.0		l N	
										Health Net Federal Services,			Centene		
01295	Centene Corporation	00000	35-2490375				Health Net Veterans, LLC	DE	NIA	LLC	Ownership	100.0	Corporation	N	
01295	Centene Corporation	00000	88-0357895				Network Providers. LLC	DE	NIA	Health Net Federal Services,	Ownership.	90.0	Centene Corporation	l "	
01233	Centene Corporation	00000	. 00-0337 033				Health Net of the Northeast.	⊅∟			. Owner sirrp		Centene		
01295	Centene Corporation	00000	06-1116976				LLC	DE	NIA	Network Providers, LLC	Ownership	25.0	Corporation	N	
0.400.5		00000					N	55		Health Net Federal Services,	0 1:	400.0	Centene	l	
01295	Centene Corporation	00000					North Region Providers, LLC Health Net of the Northeast.	DE	NIA	LLC	Ownership	100.0	Corporation Centene	N .	
01295	Centene Corporation	00000	06-1116976				LLC.	DE	NIA	Health Net. Inc.	Ownership	75.0	Corporation	lN	
	'									ŕ	İ '		Centene		
01295	Centene Corporation	00000	84 - 1175468				QualMed, Inc.	DE	NIA	Health Net, Inc	Ownership	100.0		N .	
01295	Centene Corporation	00000	84-0975985				QualMed Plans for Health of Colorado, Inc.	CO	NIA	QualMed, Inc.	Ownership	100.0	Centene Corporation	l N	
01200	dontone dorporation	00000	04 007 0000				Health Net Health Plan of			addimod, ino.	0 #1101 0111 p		Centene		
01295	Centene Corporation	95800	93-1004034				Oregon, Inc.	OR	I A	. QualMed, Inc	Ownership	100.0	Corporation	N .	
01205	Contone Corneration	00000	23-2867299				HSI Advantage Health Holdings,	DE	NIA	Health Net. Inc.	Ownership	100.0	Centene	.	
01295	Centene Corporation	00000	23-2007299	-			QualMed Plans for Health of	DE	N I A	HSI Advantage Health	. ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	23-2867300				Western Pennsylvania, Inc.	PA	NIA	Holdings, Inc.	Ownership	100.0	Corporation	N	
	<u> </u>	l					Pennsylvania Health Care Plan,			HSI Advantage Health			Centene		
01295	Centene Corporation	00000	25 - 1516632				Inc	PA	NIA	Holdings, Inc	Ownership	100.0		N .	
01295	Centene Corporation	00000	94-3037822				Health Net Services Inc.	DE	NIA	Health Net. Inc.	Ownership	100.0	Centene Corporation	N	
31200	<u>'</u>						Health Net Community Solutions,			,	,		Centene		
01295	Centene Corporation	00000	54-2174068				Inc	CA	NIA	Health Net, Inc	Ownership	100.0		N	
01295	Centene Corporation	95206	36-3097810				Health Net of Arizona, Inc.	AZ	IA	Health Net, Inc	Ownership	100.0	Centene Corporation	M	
01230	טפוונפוופ טטו טטו מנוטוו	JJZUU	00 2000 0 10				Theatth Net Of Wilzona, Illo		I M	.   Hearth Net, 1116	1 041101 2111h	100.0	1 001 POT at 1011	[	

Code   Company   Code   Company   Code   Company   Code   Company   Code   Company   Code   Company   Code   Company   Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Part   Part							Name of Securities					Type of Control (Ownership,				
Group Name   Corpany   D   Code   Group Name   Code   Code   Number   RSSD   CIK   Tracted U.S. or International   Code																
Code   Group Name   Code   Number   RSSD   CIK   International)   or Affiliates   Location   Entity   (Name of Entity/Person)   Influence, Other)   Processing   Entity(esp/Person(s)   (VN)   *	Group			ID	Endoral				Domicilian		Directly Controlled by			Liltimate Controlling		
Pearl Net Description   Display   Description   Descript		Group Name				CIK						Influence, Other)				*
Peal th Net of Pennsylvania, LLC   PA		5 - 5 - F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						Health Net One Payment			( come or analyst crossing		- creamage		(,	
Description   Description	01295	Centene Corporation	00000	54-2153100				Services, Inc.	DE	NIA	Health Net, Inc	Ownership	100.0		N	
	01295	Centene Corporation	00000					Health Net of Pennsylvania, LLC.	PA	NIA	Health Net, Inc.	Ownership	100.0		N	
Centering Corporation		·										İ				
Oracle	01295	Centene Corporation	00000	23-2456130				Pennsylvania, Inc	PA	NIA	Health Net, Inc	.Ownership	100.0		. N	
Centering Corporation   Content	01205	Contana Corneration	00000	60 0200424				FIL Currenty Limited Inc	CA	NII A	Hoolth Not Inc	Ownership	100.0		l M	
101295   Centene Corporation   00000   66-0390438   Inc.   CA   NIA   Health Net , Inc.   0 whership   100 0   Corporation   N   Centene Centene   Centene   Cente	01295	Lentene corporation	00000	00-0390434						NIA	nearth Net, Inc	. ownership	100.0		IV	
Oracle   O	01295	Centene Corporation	00000	68-0390438					CA	NIA	Health Net Inc	Ownership	100.0		l N	
01295	01200	ourtone corporation	00000	00 0000 100				1110		1	liourth not, mo.	. o o . o . o . o . o . o . o . o			1	
01295	01295	Centene Corporation	00000	98-0150604				FH Assurance Company	CYM	NIA	Health Net, Inc	Ownership	100.0		N	
Health Net of Arizona   Health Net of Arizona   Administrative Services, Inc.   AZ   NIA   Health Net, Inc.   Ownership,   100.0   Corporation   N   Corporation   N   Corporation   N   Health Net, Inc.   Ownership,   100.0   Corporation   N   C		·														
October   Octo	01295	Centene Corporation	00000	68-0295375					CA	NIA	Health Net, Inc.	.Ownership	100.0		. N	
Health Net Community Solutions   AZ	04005	0	00000	00.0000440					4.7	NII A	Haraldh Nada I.a.	O	400.0			
Organic   Center   Corporation   15895   St. 1348826   Of Arizona, Inc.   AZ   JA   Health Net, Inc.   Ownership   100.0   Corporation   National Pharmacy Services Inc.   Integrated Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National	01295	centene corporation	00000	86-0660443					AZ	NIA	Health Net, Inc	. Uwnersnip	100.0			
Oracle   O	01205	Centene Corporation	15805	81-13/8826					۸7	1.4	Health Net Inc	Ownerchin	100.0		l N	
National Pharmacy Services Inc.   DE   NIA   Health Net, Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharmacy Systems   Inc.   Ownership   100.0   Corporation   National Pharm	01233	Contene Corporation	10000	01-1340020				101 A112011a, 1116	∧∠		liearth Net, mc	. Owner strip	100.0			
Integrated Pharmacy Systems   Integrated Pharmacy Systems   Inc.	01295	Centene Corporation	00000	84-1301249				National Pharmacy Services Inc.	DE	NIA	Health Net. Inc.	Ownership	100.0		l N	
Centene Corporation 00000 23-2789453	0.200							Integrated Pharmacy Systems.							1	
Centene Corporation 00000 68-0390435   FH Surgery Centers Inc. CA NIA Health Net, Inc. 0wnership 100.0 Corporation. N Centene Corporation. 00000 68-0343818.   Centene Corporation. 00000 68-0343818.	01295	Centene Corporation	00000	23-2789453					PA	NIA		Ownership	90.0	Corporation		
Centene Corporation. 00000 68-0343818. Greater Sacramento Surgery Center LP. CA. NIA FH Surgery Centers Inc. Ownership. 66.0 Centene Corporation. Notestie Centene Corporation. 00000 46-2616037. Health Net Access, Inc. AZ. NIA. Health Net, Inc. Ownership. 100.0 Centene Corporation. 00000 20-8630006. Inc. DE. NIA. Health Net, Inc. Ownership. 100.0 Centene Corporation. Notestie Corporation. Notes		·														
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Centene Corporation. 00000. 46-2616037. Health Net Access, Inc. AZ NIA Health Net, Inc. Ownership. 100.0 Centene Corporation. N MHS Consulting, International, Inc. Ownership. 100.0 Centene Corporation. N Ce	04005	Cantana Cananatian	00000	00 0040040				Greater Sacramento Surgery	CA	NII A	FU Current Contone Inc	O	00.0	Centene		
Centene Corporation   Centene Corporation	01295	centene corporation	00000	08-0343818				Center LP		NIA	rh Surgery Centers Inc	ownership	00.0			
Centene Corporation. 00000 20-8630006 Inc. DE NIA Health Net, Inc. Ownership. 100.0 Centene Corporation. 00000 0000 00000 000000 00000 00000 0000	01205	Centene Cornoration	00000	46-2616037				Health Net Access Inc	Δ7	NΙΔ	Health Net Inc	Ownershin	100.0		l N	
01295. Centene Corporation. 00000 20-8630006. Inc. DE NIA Health Net, Inc. Ownership. 100.0 Corporation. N Centene Corporation. 00000 0000 00000 00000 00000 00000 0000	01200	ourtone corporation	00000	140 2010001						1	litearth Not, mo	. o #1101 5111 p			1	
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01295 Centene Corporation 00000 The Practice (Group) Limited GBRNIA Centene UK Limited 0wnership 75.0 Corporation	01295	Centene Corporation	00000					Centene UK Limited	GBK	NIA	International, Inc	Uwnership	100.0		. N	
Centene Health Plan Holdings, Centene Centene Centene	01205	Contono Corporation	00000					The Practice (Group) Limited	CRP	NIIA	Contono IIK Limited	Ownerchin	75.0		N.	
	01290	Controlle Componation	00000						חסט	N I A	Centene of Fillited	0 mile i 2111h				
	01295	Centene Corporation	00000	82-1172163					DE	NIA	Centene Corporation	Ownership	100 0		l N	

Asterisk	Explanation

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		RESPONSE
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
Expla	nation:	
1. Bus	siness not written	
Bar C	ode:	



# **OVERFLOW PAGE FOR WRITE-INS**

#### SCHEDULE A - VERIFICATION

Real Estate 2 Prior Year Ended Year To Date December 31 Book/adjusted carrying value, December 31 of prior year 2. Cost of acquired: 0 0 2.1 Actual cost at time of acquisition....

 2.2 Additional investment made after acquisition ... 0 .0 Current year change in encumbrances ...

Total gain (loss) on disposals..... 0 Deduct amounts received on disposals

Total foreign exchange change in book/adjusted carrying value. 0 0 Deduct current year's other-than-temporary impairment recognized 0 8. 9. 0 0.. 0 ..0 0 10. Deduct total nonadmitted amounts. Statement value at end of current period (Line 9 minus Line 10)

### **SCHEDULE B - VERIFICATION**

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		0
	2.2 Additional investment made after acquisition		0
3.	Capitalized deferred interest and other.  Accrual of discount.  Unrealized valuation increase (decrease).  Total gain (loss) on disposals.  Deduct amounts received on disposals.		0
4.	Accrual of discount		0
5.	Unrealized valuation increase (decrease)		0
6.	Total gain (loss) on disposals		0
7.	Deduct amounts received on disposals		0
8.	Deduct amortization of premium and mortgage interest points and commitment fees		0
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10.	Deduct current year's other-than-temporary impairment recognized		0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-		
	8+9-10)	0	0
12.	Total valuation allowance		0
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts	10	0
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

#### SCHEDULE BA – VERIFICATION

	Other Long-Term Invested Assets		
	·	1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	0
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		0
İ	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		0
4.	Accrual of discount.		0
5.	2.2 Additional investment made after acquisition Capitalized deferred interest and other.  Accrual of discount. Unrealized valuation increase (decrease).  Total gain (loss) on disposals		0
			0
7.	Deduct amounts received on disposals.		0
8.	Deduct amortization of premium and depreciation		0
9.	Total foreign exchange change in book/adjusted carrying value		0
10.	Deduct current year's other-than-temporary impairment recognized		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	L0	0
12.	Deduct total nonadmitted amounts.	· · · · · · · · · · · · · · · · · · ·	0
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

#### SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year		1 007 /20
Cost of bonds and stocks acquired		
3. Accrual of discount	015	1,08
Unrealized valuation increase (decrease)		,
5. Total gain (loss) on disposals		
Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		
Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,099,317	1,098,50
11. Deduct total nonadmitted amounts	1 099 317	1 098 50

## **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1 Book/Adjusted Carrying Value Beginning of	2 Acquisitions During	3 Dispositions During	4 Non-Trading Activity During	5 Book/Adjusted Carrying Value End of	6 Book/Adjusted Carrying Value End of	7 Book/Adjusted Carrying Value End of	8 Book/Adjusted Carrying Value December 31
NAIC Designation	Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	1,099,044			273	1,098,773	1,099,044	1,099,317	1,098,503
2. NAIC 2 (a)	0				0	0	0	0
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0	0	0	0
6. NAIC 6 (a)	0				0	0	0	0
7. Total Bonds	1,099,044	0	0	273	1,098,773	1,099,044	1,099,317	1,098,503
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0		0	0
12. NAIC 5	0						0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	1,099,044	0	0	273	1,098,773	1,099,044	1,099,317	1,098,503

(a) Book/Ad	djusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$	; NAIC 2 \$
NAIC 3\$	; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$	

### Schedule DA - Part 1

# **NONE**

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

**NONE** 

Schedule DB - Verification

**NONE** 

Schedule E - Verification

**NONE** 

Schedule A - Part 2

**NONE** 

Schedule A - Part 3

**NONE** 

Schedule B - Part 2

**NONE** 

Schedule B - Part 3

**NONE** 

Schedule BA - Part 2

**NONE** 

Schedule BA - Part 3

NONE

Schedule D - Part 3

**NONE** 

Schedule D - Part 4

**NONE** 

Schedule DB - Part A - Section 1

**NONE** 

Schedule DB - Part B - Section 1

**NONE** 

Schedule DB - Part D - Section 1

**NONE** 

Schedule DB - Part D - Section 2

**NONE** 

Schedule DL - Part 1

**NONE** 

Schedule DL - Part 2

**NONE** 

# SCHEDULE E - PART 1 - CASH

Month End Depository Balances												
1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9				
		Rate	Amount of Interest Received During Current	Amount of Interest Accrued at Current Statement	6	7	8					
Depository  Open Depositories	Code	Interest	Quarter	Date	First Month	Second Month	Third Month					
P.O. Box 1800, St. Paul, US Bank		0.000	0		4,951,197	2,352,091	7,509,400	XXX				
Square One Bank		0.150	0		2,446,804	2,447,145	2,450,969	XXX				
019998 Deposits in depositories that do not exceed the allowable limit in any one depository	XXX							VVV				
(See Instructions) – Open Depositoriés 0199999 Total Open Depositories	XXX	XXX	0	0	7,398,001	4,799,236	9,960,369	XXX				
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0399999 Total Cash on Deposit	XXX	XXX	0	0	7,398,001	4,799,236	9,960,369	XXX				
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX				
0599999 Total	XXX	XXX	0	0	7,398,001	4,799,236	9,960,369	(XX)				

# **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter											
1	2	3 Date	4 Rate of	5 Maturity	6 Book/Adjusted Carrying Value	7 Amount of Interest	8 Amount Received				
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year				
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8699999 Total Cash Equivalents					0	0	0				